

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 11796	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name MICHAEL G DE VERGILIO P.O. Box, Bldg., Room No., if any Street 760 JOSLYN City PONTIAC State Michigan ZIP Code + 4 48340	4. Name, file number, and address of labor organization. Name MICHAEL G DE VERGILIO Labor Organization File Number 014-989 P.O. Box, Building and Room Number, if any Street 760 JOSLYN City PONTIAC State Michigan ZIP Code + 4 48340
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Michael G. De Vergilio

On

7/11/2005

Date

248 - 334 - 0509

Telephone Number

Name of Person Filing MICHAEL, DEVERGILIO	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>11.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name BLUE CROSS BLUE SHIELD OF MICHIGAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 600 E. LAFAYETTE</p> <p>City DETROIT</p> <p>State Michigan ZIP Code + 4 49512</p>	<p>14.a. Nature of payment.</p> <p>GOLF OUTING AUGUST 2004</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$75</p>

Name of Person Filing MICHAEL DEVERGILIO	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name FITZGERALD AGENCY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 310 EUCLID City MT. CLEMENS State Michigan ZIP Code + 4 48043	14.a. Nature of payment. XMAS GIFT CERTIFICATE DECEMBER 2004
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name T I C INTERNATIONAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 CENTURION DRIVE City LANSING State Michigan ZIP Code + 4 48917-9275	14.a. Nature of payment. GOLF OUTING JULY 2004
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MUNDER CAPITAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 480 PIERCE ST. City BIRMINGHAM State Michigan ZIP Code + 4 48009	14.a. Nature of payment. RYDER CUP TOURNAMENT
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment \$350

Name of Person Filing MICHAEL DEVERGILIO

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name POURED CONCRETE WALL ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 S. ADAMS RD. SUITE 300

City BIRMINGHAM

State Michigan ZIP Code + 4 48009

14.a. Nature of payment

GOLF OUTING JUNE 2004

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MARTENS, ICE, GEARY, LEGGHIO, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 17117 WEST NINE MILE RD.

City SOUTHFIELD

State Michigan ZIP Code + 4 48075

14.a. Nature of payment

GOLF OUTING JULY 2004

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

MICHAEL DEVERGILIO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Boyd Waterston

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1801 E. 9th Street Suite 1400

City Cleveland

State Ohio

ZIP Code + 4 44114

14.a. Nature of payment.

lunch with James Barnhart

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$35

Name of Person Filing <u>MICHAEL DEVERGILIO</u>	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Boyd Waterston</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1801 E. 9TH Street Suite 1400</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>14.a. Nature of payment.</p> <p>dinner with Tim Highland</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment</p> <p align="right">\$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p>